

# PCAV MEDICAL HISTORY & EMERGENCY CONTACTS FORM



The information you provide on this Medical History Form will be kept by your Pony Club in a secure place and used only in the event of an emergency. Keep in club – do not send to PCAV

## Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Vehicle/Float Reg No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Emergency Contacts

First Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone (h) \_\_\_\_\_ Phone (w): \_\_\_\_\_  
Full Name \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone (h) \_\_\_\_\_ Phone (w): \_\_\_\_\_

## Health Cover Details

Medicare No.: \_\_\_\_\_  
Do you have Ambulance Cover? YES NO  
Do you have Private Health Cover? \_\_\_\_\_ Ambulance No.: \_\_\_\_\_  
Fund: \_\_\_\_\_

## GP & Dentist Details

Private Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_  
Private Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_

## Health History

.....  
*I certify that the information given on this form is to be best of my knowledge a true account of my current physical condition.*

Rider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Release

### Member over 18 years

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Rider Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Member under 18 years

If emergency medical care is required for my child..... and if permission is not available in a timely manner, then the undersigned authorised authorises appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Parent/Guardian \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_